

REX HEALTHCARE

Stroke Patient In-Hospital Satisfaction Visit

Patient Name: _____

Date: _____

1) Tell me how your stay at Rex has been.	
2) Are the nurses doing a good job?	Yes No
3) Do you know the signs and symptoms of stroke?	Yes No
4) What would you do if these symptoms came back again?	Call 911 Other
5) Did we give you a booklet about strokes?	Yes No
6) Do you know your risk factors for a possible future stroke?	Yes No Would like more info.
7) Is there anything that we could improve regarding your care and stay here at Rex?	